

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis

FEB 8 1937

Registration District No. ....

791

Primary Registration District No. ....

1003

(No. 5570 Terry Ave.)

File No. ....

3100

Registered No. ....

110

St. .... Ward)

2. FULL NAME Julia Gross

(a) Residence, No. 5570 Terry Ave. St. 6 Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Gross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 28  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 20

MOTHER FATHER 13. NAME John Pielicki

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 20

15. MAIDEN NAME Julia Wisniewski.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland. 20

17. INFORMANT Walter Gross.  
(ADDRESS) 5570 Terry Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cemetery DATE Jan-5-37 19.

19. UNDERTAKER Central and Co Inc.  
(ADDRESS) 1841 Cass Ave.

20. FILED JAN 4 1937 19 37 Bradeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 32, to Jan 2, 1937

I last saw her alive on Jan 1, 1937 Death is said to have occurred on the date stated above, at 3A. 11 m.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Carcinoma of breast  
60  
(right)  
Other contributory causes of importance:  
metastasis to skin  
and pleura.

Name of operation none. Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) H. F. Bergman M. D.  
(Address) 3720 Washington

Dr. Bergman  
3720 Washington Ave.